Disability Visibility Podcast

Episode 20: Asian American Women and Mental Health

Guests: Emily Wu Truong and Jessica Gemino

Host: Alice Wong

Transcript by Cheryl Green

For more information: https://disabilityvisibilityproject.com/podcast/

Introduction

[radio static, voices singing with hip-hop beat]

LATEEF MCLEOD: This is the Disability Visibility Podcast with your host, Alice Wong.

ALICE WONG: Hey there! Welcome to the Disability Visibility Podcast, conversations on disability politics, culture, and media. I'm your host, Alice Wong. Today's episode is about Asian American women and mental health with guests Emily Wu Truong and Jessica Gimeno. You'll hear Emily and Jessica talk about their personal stories, experiences within Asian American communities, and their mental health advocacy.

A few notes before we start: Emily, Jessica, and I share our personal perspectives on Asian American mental health, and in no way are we representing the entire community. Asian Americans are incredibly diverse by language, culture, and nationality, and what we talk about is one small part of a larger, complex issue.

Also, please be aware that there will be discussions of suicide and suicide attempts. For help, call the National Suicide Prevention Hotline at 1-800-273-8255. They offer services in 150 languages, and there is a chat option if talking is not your thing.

Are you ready? [electronic beeping] Away we go!

ELECTRONIC VOICE: 5, 4, 3, 2, 1!

ALICE: So, Jessica and Emily, thank you so much for being on my podcast today. I am so excited to talk to you both. Why don't you both, I guess, introduce yourselves? Emily, do you wanna go first?

EMILY WU TRUONG: So, I've been a mental health advocate for over the last four years or so, and I wanted to start speaking out about this because as a suicide attempt survivor myself, I wanted to be open with my own dialogue around my own family. I mean, my parents had a hard time. And I think that trying to be open and vocal about this with my own family has been hard. I think it's very much similar to the LGBTQ coming out process when parents just don't know, don't have the words to be able to have a safe space for their children to be able to talk about what's really on their hearts. So, one of the reasons why I advocate so much is because I want to bridge the gap between our Asian elders who may not have had those conversations when they were growing up, but also being able to articulate my own story when I was growing up, and to communicate what I went through to the older generation so that their own kids don't go through the similar experiences that I went through and what many Asian American youth go

through when they just feel like they don't know, they have to put up a front, they have to show, wear this mask, and show that, "Oh, I have it all together," when really inside, that they don't.

ALICE: Well, thank you, Emily. And I definitely would love to hear more details about your story, more about your family after Jessica's introduction.

JESSICA GIMENO: Hi, Alice. So, my story with Bipolar Disorder: So, I've worked in mental health non-profit, and I write and speak about getting stuff done when you're depressed. But my story with Bipolar Disorder, I struggled with symptoms of depression and what I would later know as hypomania my whole life. The earliest depression I can remember, I was eight years old. We were going to school, and I just had this like—

I should preface this by saying I had a really happy childhood. So, I grew up in this Filipino family with a lot of cousins where it's like the holidays all the time, which I like that, but I didn't have a vocabulary to describe mental illness. And so, I remember my first suicidal depression, and I didn't know the word "depression." I was eight, and I had this feeling. All the sudden, I felt hopeless for no reason, and I remember thinking, why am I going to school? Why do we go to school? Why do we go to work? What is the point of anything? What is the point of life?

And then those moments were so brief, mercifully, in my childhood, but then they became longer when I was a teenager. They stretched to hours, sometimes weeks, and I would cry for no reason at all. And I was especially depressed in the winter, and then I'd get better for no reason at all. During the times that I would later learn I was hypomanic, I couldn't sleep. I would take like six hours to fall asleep. And then my senior year, I was tired of feeling this way, and I asked my parents for help. I knew I was depressed, and that's really all I knew about mental illness. And they, we went to an Asian American church, and it was half-Korean, half-Filipino, and our Korean pastor, he was a doctor. And so, as my parents tell me this, they say the reason they asked him for help was not because he was a pastor but because he was a doctor. And so, he said of my depression, he said, "This is nothing. This is just teenage angst. It will go away." And so, we did nothing.

And then I went to college, and my freshman year, a friend from back home died by suicide, and she had Bipolar Disorder. And so, this prompted me to research the illness. I forced myself, after spending a week in bed, I dragged myself to the library, read books about this Bipolar Disorder, and I recognized half the symptoms in myself. And I saw the campus psychiatrist, who diagnosed me with Bipolar II, and I got a second opinion, which confirmed the diagnosis. And it's not been easy, but you know, I was 18 then. I'm in my early 30s now, and life is so much better than what I could've dreamed it would be. I'm so glad to be alive. And when you get a diagnosis, for me, it was the beginning of freedom after fighting this nameless, faceless enemy for so long.

[mellow music]

Mental illness and childhood

ALICE: That's really powerful. And I think for a lot of people, when you're especially a child, and you're experiencing something, it's like already you're just a kid, and you kind of are just sort of processing it and not really knowing what to do with it. So many people think about mental health in terms of young adults and adults, but we often don't think about how it starts, often, in childhood. So, what was that like, Jessica, in terms of just realizing, as a kid, that something was different, and something was going on?

JESSICA: Well, the thing is, I didn't realize something was different because I didn't have the vocabulary to articulate it. And I think that's why it's so important now that we give people vocabulary to talk about mental illness, even if they don't have a problem so that if a problem arises in themselves or others, that they can ask for help. So, not being able to have any description of what was going on, I thought everybody felt that way at times. I thought that was like normal. And then my senior year of high school, when I'd asked for help, it was starting to click that, you know, OK, there's this thing called Depression, and I think I have it. I'm pretty sure I have it, just not exactly sure what kind of Depression. And the thing about hypomania, not being able to fall asleep: So, I am an only child, and I didn't know until I went to college that it wasn't normal to take five hours to fall asleep when I had a roommate. Because the only times you see friends fall asleep is at sleepovers, and people don't go to sleep at sleepovers. So, I thought that was normal before I saw my college roommate go to sleep at will. And I was like, wait a minute! Not everybody takes five hours to go to sleep every other night? That's not normal? [chuckles] You know?

Language for discussing mental illness, translations, and communication

ALICE: And let's talk about language. Because I think we all need vocabulary in order to really articulate and just identify what's happening. And especially within Asian American communities, you know, with our elders, with people who are new to the country, people who don't speak English, there's another divide in terms of terminology. Because what we think of as Depression in America is very different, let's say, in Mandarin or Tagalog. The terms for actual mental disabilities really, sometimes they don't exist; sometimes they're a translation. So, it's a little bit different. Would you both like to share any thoughts in terms of just talking with your family and your relatives and how that translates and doesn't translate?

EMILY: Well, I think when I was growing up, what I grew up with was mostly, you know, don't share your problems with other people or else you'll bring shame to yourself and the family. And so, that already in itself would prevent me from trying to openly share how I was feeling. I mean, I think I was able to try to articulate myself even as early as junior high. I also had those existential questions like Jessica had too: You know, what is the point of life? And I wanted to have those deep conversations and get to know and spend time with my parents. But I think that, given their own upbringing, it was hard for them to be able to do those kinds of things and express themselves emotionally. Like, they went to the Harvard of Taiwan, and so I'm like, how do I even compete with that? Or if that's what they want of me, and the traditional Asians who want their kids to have straight As, and it's sometimes, when there is that language gap and communication, emotional communication gap, it's hard for kids to know and process what it is that their parents want for them. And so, we start to believe in lies as we grow up and feeling like we're not good enough and that our parents aren't proud of us. And it drives that negative self-talk that we grow up with.

[pensive music]

Family pride and communication with providers

ALICE: Yeah, I feel like for so many Asian Americans, the model minority myth, this idea that we have to excel, we have to make our families proud, we have to hold up some sort of standard, is really destructive for a lot of Asian Americans. And I think in a lot of ways, it causes a lot of mental health issues because it's absolutely unrealistic.

JESSICA: I think for me, when I sought help when I was 18, I was worried about what my parents would think of me when I started seeing the campus psychiatrist. And it's probably the best decision I've ever made in my life, but I had to decide that I care more about being alive

than what I care about anyone's opinion of me, including my parents. And that's big. When you're an Asian American, the opinion of your parents means a lot to you. And looking back at that time, my mom says the thing that makes her most proud of me is that I got help on my own. And I think that it's really hard to see past all the conditioning, model minority and otherwise. But if you can push past it, it's a great thing.

The other thing I would say about one thing that helps, as far as cultural gaps, is that Asians trust doctors a lot. And you know, I've interviewed Dr. Lilian Shin before, and she's an expert on Asian American mental health. And one thing she says is that when a doctor delivers the diagnosis to the parents or the family members, extended, whatever, the relatives, they take it more seriously. So, I didn't know this when I was 18. I was just scared and nervous. But I actually didn't tell my parents 'cause I was so nervous what they would say, and I remember I already tried to tell them I was depressed in the past. And I actually had the campus psychiatrist call them to tell them I was diagnosed with Bipolar II. And it makes it more official for a lot of Asian families.

And I think one of the things that's most helpful is when you connect people with mental health professionals—therapists and psychiatrists—who speak the language. 'Cause there are instances where people want to be helpful, or they would be helpful if they knew, but nobody has ever explained it to them.

Being heard and believed when mental illness is not visible

ALICE: Yeah, and there's also the flip side as well where there are gonna be people with mental health disabilities or invisible disabilities or other kinds of disabilities where they may never receive a diagnosis, and that makes it all the more kind of difficult to articulate and to be believed. I think that's the thing that most people who have disabilities or who have any sort of mental illness, is just to be believed and to be heard and to be accepted. And that's really tough because sometimes, for some reason, you know with a lot of reasons with mental health, people just don't—because they can't see it somehow—oftentimes, they don't believe it. And that's so disheartening, I think. Have you two had any experiences with that?

JESSICA: Well, I don't need accommodations right now for the Bipolar Disorder as far as my job, but when I was in college, I learned how to ask for accommodations. It was a super important skill, and I remember my first semester I transferred to Northwestern University, I was a sophomore. And I only knew at that point that I had Bipolar Disorder for a year. And I actually missed one of my very first final exams because— It was a midterm. I missed one of my first exams because I was depressed, and I just missed it. And I didn't know what to do, and I didn't tell the professor I had Bipolar Disorder. I was freaking out, obviously. I told him, "I missed the exam. Could I have another chance?" And he said, "Absolutely not." He was gonna fail me. And then my counselor at the time—I was scared; I was 19—she happened to have a daughter with a mental illness, and she gave me all these tips. She talked to my professor for me, but then she taught me how to advocate for myself. And that was a huge turning point because it's not that the Bipolar Disorder went away, but I knew how to ask for accommodations like how to prepare in advance: You know, if you're starting to feel depressed, ask for an extension on the paper. Don't wait until the night before the paper is due, things like that.

Disclosing mental health disabilities, busting myths, and cultural competence

ALICE: Do you find that—this is for both of you—do you still find any hesitation or difficulty in terms of just disclosing your, who you are and your full identities or with your mental health disabilities? Or do you feel like that's something that's a big part of who you are now? Do you

have any stories to share about, I guess, disclosing your disability identity with people around you?

EMILY: Yeah. When I went to, when I was just starting to become a mental health advocate and going to all of the meetings that would revolve around Asian American mental health, there was a legislative briefing. And I was just so excited because, at the time, I had never heard of anyone having any public forum talking about Asian American mental health. And so, at the end of the forum, they asked if anyone would like to come up to the stage. And that's when I decided to disclose, because I had been holding onto so much pain all my life that I wanted to be able to be a voice for other Asian American children who grew up feeling like they couldn't open up for a really long time. And so, I went up to the podium, and I said, "I will not end my life, because I have a story to share. The more we talk about mental health, mental illness, suicide, the more we will alleviate the stigma. There is no shame. There is no shame."

[mellow music]

JESSICA: It's a myth that Asian Americans and young Asian Americans are more depressed than our white counterparts. We suffer from Depression at the same rates, but the problem is we seek help less. And so, the problem is likely to get worse, just like with anything, if you don't get help. And so, that's what leads to, in the worst case scenario, suicide. Or even being unhappy, miserable for the rest of your life is also a tragedy. And so, crucially, we need to seek help, and there's lots of factors in that: Cultural competency training so that first, people seek help, but also when they actually do seek help, they're not alienated because of these cultural miscommunication gaps.

So, for example, Asian American culture tends to be interdependent, whereas Eurocentric culture, which is what Americans emphasize, is all about the individual. And so, we have two different conceptions of happiness, and a lot of times, the health care system—not just mental health—assumes that relatives are a nuisance. So, I have four other illnesses in addition to Bipolar Disorder, and they're not psychiatric in nature. But one of them is a rare form of muscular dystrophy for which I carry a cane. And I was debating having this surgery that I ended up having. Like all surgeries, it was painful, and I didn't know if I wanted to have it because I didn't know if it would work. So, to put yourself through pain for something that may not work. And for me, it was normal. I took my mom to the consultation, and the doctor was looking at her suspiciously the whole time, you know? And I didn't indicate that I didn't want my mom there. I wanted her there for moral support, and he's like, "You know, this is her decision." He was very antagonistic towards her, and that happens in mental health too. So, if you go into your first therapist appointment, or you get a diagnosis, and somebody's talking like that about your family as a whole, you might not come back. And so, understanding that it's not that anyone's right or wrong, and just understanding where those gaps are so mental health professionals can bridge them is very important.

Gaps in service to Asian American communities and representation in campaigns

ALICE: Mmhmm. And Emily, due to your outreach with the Asian American community, what have you seen in terms of what's the, I guess, gaps in services, and also just how Asian Americans are under-served in terms of mental health services? What have you seen in your work?

EMILY: Mmhmm. Like one thing that the mental health system will try to do if they have any prevention and early intervention efforts is being able to translate brochures, documents into the languages of the immigrant communities. And sometimes, I think it's hard for the mental health

system to even hire enough clinicians who are from that culture to be able to speak in the same language as those under-served communities. But the thing is also I like to stress when I'm advocating is that translating the materials is important, but if the stigma is gonna be so strong with the adult population immigrants, then how are their children supposed to get any help? And this is why I've been so big on trying to get the education system, like wondering when is the topic of mental health going to be normalized more often in schools so that kids can learn the coping skills at an earlier age. So, that's the prevention and early intervention, I think, just being able to normalize these conversations so that we can have better coping skills, and they can be able to utilize that when they're much older and pass that on to the next generation.

So, I mean, when you spoke of model minority myth, I mean, in high school, I did take peer counseling. And it was a really good class because they would teach us how to, say, make "I" statements and learning how to communicate with other people. And later on, after I graduated, I asked like, "Oh, is peer counseling still offered at your school?" And they said, "No, because of budget cuts." And I thought that class was really helpful, because even the teacher was almost like a counselor to me. But even at that time, even earlier, in junior high, I was showing signs of sadness, depression. I wrote a poem about a depressed little boy yearning for love, and my teacher didn't say a thing. And so, even education, school administrators, teachers, they don't all know the signs. And like Jessica said earlier, sometimes adults think like, oh, this is just a phase. And sometimes, you know, it helps when students have someone to be able to talk to and get that help when they need them, so they don't fall through the cracks, you know? And when they fall through the cracks, that's how they become unserved and under-served.

ALICE: Yeah, I totally agree with that.

JESSICA: I did have a positive experience years ago, very contrasting to my experience of my cousin. I was 24, and I'd been going to that church that I spoke about. At that time, the pastor was gone, who said it was nothing. And my pastor at the time had a daughter with Bipolar Disorder, and he had gone through NAMI training. He was all about mental health awareness and seeking help and understanding. But I'd grown up there, and some of those families, they knew me since I was a child, or they knew my family since before I was born, and they didn't know I had Bipolar Disorder. And when I was getting baptized in front of the church, I talked about my mental health struggles. And I didn't experience any shame, and lots of people came up to me afterward, sharing their stories: You know, my niece has Bipolar Disorder; I've had Depression. So, representation is important. Seeing your story, and just even someone with a face similar to yours in a mental health campaign is so important, because it takes away some of the shame.

[mellow music]

ALICE: Agreed. I think that's why it's so powerful to see you two being so visible and being out there. Because hopefully, it'll give Asian Americans and all people a sense that they can identify with you. And whether they choose to disclose, whether they choose to talk about who they are, whether they choose to seek help, hopefully, you will all influence them in terms of seeing that you're not alone. And I think that's one of the biggest struggles, is that most people really do feel alone.

Advice for opening up about mental illness

So, before we wrap up, I just wanna ask both of you: For somebody who's out there who's Asian American, who's experiencing a mental health disability, a mental illness maybe for the first time, just really in the early phases, what's your advice for them? What do you wanna say

to them in terms of how they might approach their families? What kind of message do you wanna share?

JESSICA: So, I think there's a couple things first. We can engage in awareness, but often, cultures don't change overnight. So, we can't control other people's actions. You know, my parents did come around relatively quickly, you know? But we can control our actions. So, if your family isn't supportive right now, still get help, because your life is more important. Just because things feel hopeless, it doesn't necessarily mean it is hopeless.

ALICE: Thank you for that, Jessica. How about you, Emily?

EMILY: Well, I told a group of college students that sometimes we all have different love languages, and maybe our parents are not able to communicate with us in a way that we want them to love us. But just because they don't love you the way that you need them to doesn't mean that they don't love you at all. They love you the way that they know best, given how they grew up. And I think that that was what I misunderstood when I was growing up with my parents. I thought that love was a certain way, but they didn't love me in that way. So, I didn't feel loved. And so, that's why even with after disclosing, it can be really tough when your parents don't, your family or your friends don't understand. But you know, it's so important to get that help and find that family outside your family. John Lennon said, "Being honest may not get you a lot of friends, but it will get you the right ones."

Resources for families and providers, and suicide hotlines

JESSICA: Oh, one more thing I wanted to share. There are a couple things that are important, I think. First, I talked about this on my website. I had an interview with expert Lilian Shin. It's called "5 Tips: How Asian Americans and Mental Health Professionals Can Build Family Support," is that if we talk to our family in terms of somatic symptoms, it makes them easier to understand oppression. "I constantly have backaches and tummy aches, and my head hurts." That goes a long way. Also, I have this on my website, but I'd love it if you could post this on your website too, we have suicide hotlines in other languages now, which is amazing. You know, it's important if you're feeling suicidal, or you have a family member, maybe a mom who's feeling suicidal, and she doesn't speak English. So, there's the Asian LifeNet Hotline: Cantonese, Mandarin, Japanese, Korean, Fujianese are available. The number for the Asian LifeNet Hotline is 1-877-990-8585. And then, the 24-hour National Suicide Prevention Hotline, a lot of people don't know this: It comes in over 150 languages. 150 languages. And the number for the National Suicide Prevention Hotline is 1-800-273-TALK.

ALICE: That's awesome. Thank you.

[mellow music]

Wrap-up

Well, Emily, Jessica, I am tremendously grateful for you two and for all the work that you both do. And I think this makes our disability community stronger, it makes our Asian community stronger, it makes the mental health community stronger, and I'm just so thankful for you two to be in our world.

EMILY: Thank you for having us.

JESSICA: Thank you.

[hip-hop]

ALICE: This podcast is a production of the Disability Visibility Project, an online community dedicated to creating, sharing, and amplifying disability media and culture. All episodes including text transcripts are available at DisabilityVisibilityProject.com/Podcast.

You can also find more links about Emily and Jessica on our website. The audio producer for this episode is Geraldine Ah-Sue. Introduction by Lateef McLeod. Theme music by Wheelchair Sports Camp.

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Well, thanks for listening, and see you on the Internets! Byyeeeeeee!

♪ Rock it to the blast off

Stop drop dance off ♪